

Data Sheet

USAID Mission:	Senegal
Program Title:	Decentralized Quality Health Services
Pillar:	Global Health
Strategic Objective:	685-003
Proposed FY 2004 Obligation:	\$14,325,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$15,873,000 CSH
Year of Initial Obligation:	FY 1998
Year of Final Obligation:	FY 2006

Summary: The Decentralized Quality Health Services program aims to increase the access to, and use of, quality health services for approximately 60% of Senegal's population. These services will reduce HIV/AIDS prevalence, infant and maternal mortality while increasing contraceptive prevalence and empowering local communities to take charge of their health care needs. The HIV/AIDS component encourages abstinence, fidelity and condom use, as appropriate. Informing the public, treating sexually transmitted illnesses (STI), preventing mother-to-child transmission and caring for persons living with HIV/AIDS are the cornerstones of the program. Children's health is improved by preventing illnesses and by more effectively treating the illnesses that cause the majority of deaths among children. Providing the means for families to better space pregnancies and improving the care women receive during pregnancy and while giving birth lessens the number of women who die from these events. Finally, USAID builds the capacity of local governments and civil society to plan, finance and evaluate local health activities.

Inputs, Outputs, Activities:

FY 2004 Program:

Increase local financing of health care (\$3,176,000 CSH). USAID will provide technical assistance and matching grants to strengthen the capacity of 21 districts (149 local communities) to plan, finance and evaluate public health activities in their respective communities. This will lead to greater involvement of civil society, empowerment of locally-elected officials and improved quality and greater sustainability of health care services. In many of these communities, USAID will provide assistance to develop health insurance programs that will make a full range of health services more affordable. Principal contractors: Development Associates, Inc.; Abt Associates, Inc.

Reduce child mortality (\$2,485,000 CSH). USAID will provide financial and technical assistance in 21 of Senegal's 52 health districts in order to prevent and more effectively treat childhood illnesses. USAID will work with communities, non-governmental organizations and public and private health care providers to improve provider practices and public knowledge of disease prevention and treatment. This will include improved nutrition and immunization coverage, improved treatment of measles, malaria and pneumonia in children and better care of newborns. Principal contractor: Partnership for Child Health Care, Inc.

Improve reproductive health services (\$3,524,000 CSH). USAID will provide financial and technical assistance to decrease the number of women who die from pregnancy and increase the average time between pregnancies. The quality of care women receive during pregnancy, especially to prevent malaria, treat STIs and mother-to-child transmission of HIV, as well as while giving birth will be improved in 21 health districts. USAID will continue to provide contraceptives, training and information to give families throughout the country access and informed choice through public and private sector clinics, pharmacies and via community-based distribution networks. USAID works with public and private sector clinics, pharmacies and community-based distribution networks to make a variety of methods available. Principal grantees: Management Sciences for Health; Agency for the Development of Social Marketing.

Prevent the spread of STIs and HIV/AIDS (\$5,140,000 CSH). USAID will provide financial, material and technical assistance to maintain HIV prevalence in Senegal at less than three percent. USAID emphasizes prevention through safe sexual behavior (abstinence and fidelity) as well as condom use and the diagnosis and treatment of STIs. USAID will expand information, education and communication activities targeting youth and other at-risk groups to 42 sites in six regions; open five additional voluntary counseling and testing (VCT) centers; and reinforce STI and tuberculosis case management in 21 health districts. USAID will also support services to prevent mother-to-child transmission (PMTCT) of HIV and provide greater psycho-social and nutritional support to AIDS patients. USAID and the Centers for Disease Control and Prevention will continue to improve both disease and behavioral surveillance of HIV/AIDS. USAID will also enter into an alliance with a private sector partner to expand VCT and PMTC activities. Principal grantees: Family Health International; Center for Population and Development Activities; Agency for the Development of Social Marketing.

FY 2005 Program:

Increase local health care financing (\$3,885,000 CSH). USAID will enroll the five remaining districts of the Fatick region into the decentralization capacity building and matching grant program, bringing the total number of partner health districts to 26. Greater involvement of locally elected officials and members of civil society will increase funding for and sustainability of health care. USAID will continue to work with local organizations to expand and strengthen health insurance programs. Same implementers as FY 2004.

Reduce child mortality (\$2,660,000 CSH). USAID will continue to provide financial and technical assistance to more effectively prevent and better treat childhood illnesses and expand this support to five additional districts. Greater immunization coverage, improved nutrition, better clinical and community management of malaria, diarrhea and pneumonia as well as newborn care will continue to be the priorities. Principal contractors and grantees: to be determined.

Improve reproductive health services (\$3,729,000 CSH). USAID will continue to provide technical, financial assistance and commodities to improve maternal health services in 26 health districts and increase contraceptive prevalence nationwide. The maternal health component will improve the quality of services women receive while pregnant, while giving birth and immediately thereafter. The family planning activity will continue to stress public knowledge of both modern and traditional methods for birth spacing as well as increased availability of contraceptives through both the public and private sectors. Same implementers as FY 2004.

Prevent the spread of STIs and HIV/AIDS (\$5,599,000 CSH). USAID plans to expand technical assistance to awareness raising programs, surveillance of the spread of HIV/AIDS, care and support to HIV/AIDS patients, and expansion of VCT and PMTCT services. Same implementers as FY 2004.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

Performance and Results: The availability and quality of health services is improving in USAID target areas. Local governments involved in the matching fund scheme contributed 64% more of their own resources this year than in 2002 and used the funds to build or rehabilitate health clinics, equip them and stock them with medicine. Immunization coverage improved in USAID-assisted areas from 42% in 1999 to 67% in 2003. As a result of malaria surveillance, research and dialogue on malaria treatment supported by USAID and the Centers for Disease Control, the Ministry of Health adopted a new policy that is expected to have a significant impact on preventing and treating malaria in pregnant women and children. The use of modern contraceptives as measured by couple-years-of-protection (CYP) increased by 18% nationwide in 2003. While there were 20 health district depots which experienced contraceptive stock-outs in 2002, there were only 8 in 2003. To reduce sexually transmitted infections (STI), USAID trained providers in all health centers and posts within its 29 districts in the syndromic approach to the management of STIs. Voluntary Counseling and Testing (VCT) services have greatly increased and a total of 4,029 persons used VCT services in 2003, representing a 61% increase over 2002.

US Financing in Thousands of Dollars

Senegal

	CSH	DA
685-003 Decentralized Quality Health Services		
Through September 30, 2002		
Obligations	30,902	4,473
Expenditures	15,643	3,442
Unliquidated	15,259	1,031
Fiscal Year 2003		
Obligations	14,667	0
Expenditures	15,387	1,017
Through September 30, 2003		
Obligations	45,569	4,473
Expenditures	31,030	4,459
Unliquidated	14,539	14
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2004 NOA		
Obligations	14,325	0
Total Planned Fiscal Year 2004		
Obligations	14,325	0
Proposed Fiscal Year 2005 NOA		
Obligations	15,873	0
Future Obligations	14,000	0
Est. Total Cost	89,767	4,473